

Name in Full

Certificate of Death

Sophia Bailey

Town

County

Died at

Bellingm

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

5

5-29

Age

70 90

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cut her throat with

How long sick

Death

Immediate

a razor

Accident, Suicide, ~~Homicide~~

Reported by

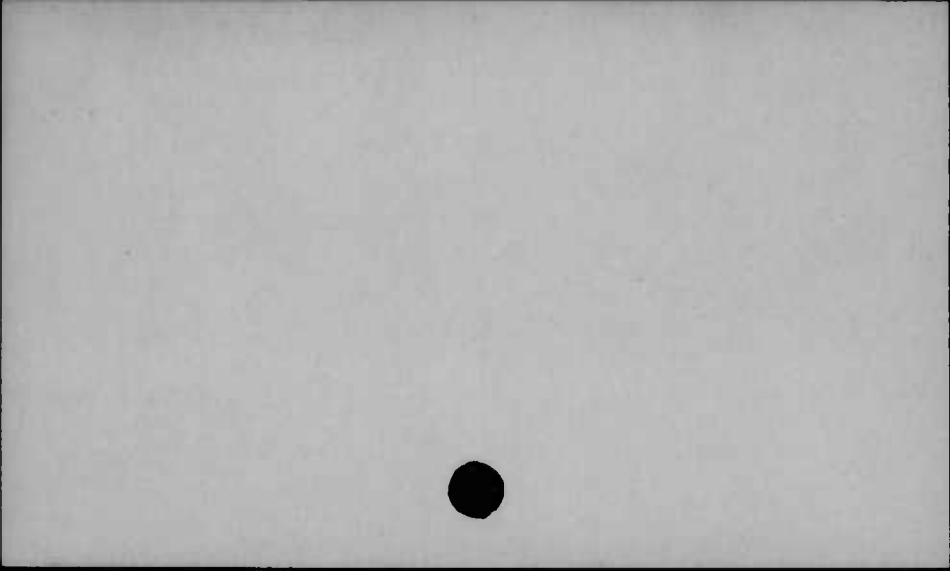
Bates Es. Dem. Gerson

Address

9-3/98

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Mary E Baker

Died at ^{Town} *Brykside Sta N.Y.* ^{County} *Balt Co* MARYLAND

Date 189 *8* ^{Month} *Aug.* ^{Day} *5* ^{Y.} *62* ^{M.} ^{D.} ^{Native of} *Balt Co* ^{Occupation}

~~Male~~ ☒ ^{White} ~~Colored~~ ☐ ~~Married~~ ☐ ^{Widow} ~~Divorced~~ ☐
 Female ☐ ^{Colored} ☐ ^{Single} ☐ ^{Widower} ☐ ^{Number of children living} *(3)*

Husband of
 Wife of

Father's Name Mother's Name *161*

Cause of Death { ^{Primary} *Exposure - in woods* ^{How long sick}
^{Immediate} *four (4) days - Justice Chase* ^{Accident, Suicide, Homicide}

Reported by *William J. Todd* *NO record not lived in past*

Address *Mt Washington* *Ma*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Clara Ballach

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

aug

23

Age

27

Maryland

Housewife

Male

White

Married

~~Single~~~~Widowed~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

one

~~Widow~~

Wife

of

Arthur Ballach

Father's

Mother's

Name

Name

Cause of

Primary

Puerperal Mania

How long sick

1 year.

Death

Immediate

Eclampsia

46

Accident, Suicide, Homicide

Reported by

Wesley Wade

Address

Catonville

M. S. Hooper for Dr. Lane

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8-2-98

Full name of Deceased, { Write legibly with ink and spell correctly. If an infant not named give names of parents. } Thomas Beaven

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 38 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or County, and how long in the United States, if of foreign birth. } in my land.

Duration of Residence in the City of Baltimore, 10 yrs -

Place of Death, { Give Street and Number. } B.V. Asylum.

Cause of Death, { First (Primary), Second (Immediate), } Jacksonian Epilepsy - Status Epilepticus -

Duration of Last Sickness, about 20 yrs -

All the above information should be furnished by the Physician.

Place of Burial, Centerville Burial Co.

Date of Burial, Aug. 4/98

Undertaker, R. J. Dill

Place of Business, 746 Columbia St

Address, B.V. Asylum

Lee Cohen M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

RISM—Mode of Death.

SPINAL MENINGITIS—Variety, whether
Epidemic or simply Inflammatory.

MILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause,
whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

Ca.

N. Seat. Cause and Mode.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode
of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of
Death.

WOUNDS—Cause, Variety, Seat and Mode of
Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal
result.

Mention INTemperance whenever recognized
as having produced or complicated the
direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Health Department, City of Baltimore

A

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out to the undertaker or other person superintending the burial, within twenty-four hours after the death of said ased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *August 19th 1898*

Full name of Deceased, *Harry Bowen* { Write legibly with ink and spell correctly. If an infant not named give names of parents. }

Sex, *Male* or *Female*, { Cross out the words not required in this line. }

Age, *16* Years, *16* Months, *16* Days.

Color, *White*

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or County, and how long in the United States, if of foreign birth. } *Balto City*

Duration of Residence in the City of Baltimore, *16 Years*

Place of Death, { Give Street and Number. } *West Port Balto County*

Cause of Death, { First (Primary), *Accidental Drowning* Second (Immediate), _____ }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet*

Date of Burial, *Aug 21st 1898*

Undertaker, *Eli Hark*

Place of Business, *115 E. M. A. A*

John P. James, Cor M.D.,
Medical Attendant.
Address, *Mt Minnans*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Enumerated Below.

TRISM—Mode of Death.	METRITIS—Variety and Cause.
SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.	NECROSIS—Seat. Cause and Mode of
CHILDBIRTH—Circumstances producing Death.	OVARIAN TUMOR—Mode of Death.
CANCER—Variety and Seat.	PARALYSIS—Variety and Cause.
CALCULUS—Mode of Death.	PERITONITIS—Cause.
DENTITION—Mode of Death.	PHLEBITIS—Cause.
DISEASE OF HEART—Variety. Valves involved.	PYAEMIA—Cause. Nature of Injury, if any.
DROPSY—Variety and Cause.	PREMATURE BIRTH—Cause. Foetal age.
ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.	PRETERNATURAL BIRTH—Manner of.
ERYSIPELAS—Seat and Cause.	SYPHILIS—Variety. Chief Location and Mode of Death.
FRACTURES—Cause and Mode of Death.	TETANUS—Nature of Injury, if any.
GANGRENE—Seat and Cause.	ULCER—Nature. Chief Location and Mode of Death.
GASTRITIS—Cause.	WOUNDS—Cause, Variety, Seat and Mode of Death.
HERNIA—Variety and Mode of Death.	ABSCCESS—Cause, Location and Mode of Death.
INSANITY—Variety and Mode of Death.	Specify every Surgical Operation with fatal result.
JAUNDICE—Cause and Mode of Death.	Mention INTemperance whenever recognized as having produced or complicated the direct cause of Death.
MANIA, ACUTE—Cause and Mode of Death.	
MISCARRIAGE—Cause and Mode of Death.	
MALIGNANT PUSTULE—Location and Cause.	
MALFORMATION—Variety.	

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

George W. Brazier

Town

County

Died at

Baltimore

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

P

P

20

Age

48

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Maryland Journal (Piercing Iron) Aug. 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B



John Burds

Town

County

Died at

Tawom

Bauto

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
8	8	16	47				Suborner
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband
ofFather's
NameMother's
Name

Cause of	Primary	Cholera Morbus 12	How long sick	24 hours
Death	Immediate	Hurt depression	Accident, Suicide, Homicide	

Reported by

Dr. A. C. Massenburg

Address

Tawom

Md



Name in Full

Certificate of Death

Minnie Parker

Town

County

Died at

Catoonsville

Baltimore

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8 Aug 30

Age 32

Md

None.

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

—

Husband

of

Wife

Father's

Name

John Parker

Mother's

Name

—

Cause of

Primary

Recurrent Mania

How long sick

2 weeks.

Death

Immediate

Enteritis

46

Accident, Suicide, Homicide

Reported by

Mrs. Hattie

Address

Catoonsville, Md Hosp for Insane

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



No. **A**

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *August 19, 1898*

Full name of Deceased, *Patrick Cahill* { Write legibly with ink and spell correctly. If an infant not named give names of parents. }

Sex, *Male* or Female, { Cross out the words not required in this line. }

Age, *60* Years, *~* Months, *~* Days.

Color, *White*

Married, *Single*, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *Laborer*

Birthplace, { State or County, and how long in the United States, if of foreign birth. } *Ireland; 21 years in America*

Duration of Residence in the City of Baltimore, *21 years*

Place of Death, { Give Street and Number. } *St. Agnes' Hospital*

Cause of Death, { First (Primary), *Pulmonary Tuberculosis*, Second (Immediate), *Asthma* }

Duration of Last Sickness, *One year*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's*

Date of Burial, *Aug 11 1898*

{ Undertaker, *W. C. Mans* } *D. F. O'Connor, M.D.,*
 { Place of Business, *7031 Howard* } *Medical Attendant.*

Address, *St. Agnes' Hospital.*

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FEURILE	—Variety and Cause.
NER. SPINAL ME.	NECROSIS—Seat. Cause and Mode of De
Epidemic or simply Inflammatory.	OVARIAN TUMOR—Mode of Death.
CHILDBIRTH—Circumstances producing Death.	PARALYSIS—Variety and Cause.
CANCER—Variety and Seat.	PERITONITIS—Cause.
CALCULUS—Mode of Death.	PHLEBITIS—Cause.
DENTITION—Mode of Death.	PYAEMIA—Cause. Nature of Injury, if any.
DISEASE OF HEART—Variety. Valves involved.	PREMATURE BIRTH—Cause. Foetal age.
DROPSY—Variety and Cause.	PRETERNATURAL BIRTH—Manner of.
ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.	SYPHILIS—Variety. Chief Location and Mode of Death.
ERYSIPELAS—Seat and Cause.	TETANUS—Nature of Injury, if any.
FRACTURES—Cause and Mode of Death.	ULCER—Nature. Chief Location and Mode of Death.
GANGRENE—Seat and Cause.	WOUNDS—Cause, Variety, Seat and Mode of Death.
GASTRITIS—Cause.	ABSCCESS—Cause, Location and Mode of Death.
HERNIA—Variety and Mode of Death.	Specify every Surgical Operation with fatal result.
INSANITY—Variety and Mode of Death.	Mention INTemperance whenever recognized as having produced or complicated the direct cause of Death.
JAUNDICE—Cause and Mode of Death.	
MANIA, ACUTE—Cause and Mode of Death.	
MISCARRIAGE—Cause and Mode of Death.	
MALIGNANT PUSTULE—Location and Cause.	
MALFORMATION—Variety.	

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868



Name in Full

Certificate of Death

Clara B. Chilcoat

Town

County

Died at

Belfast

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

8-23

Age

7-6

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Lewis E. Chilcoat

Mother's

Name

Bettye Chilcoat

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

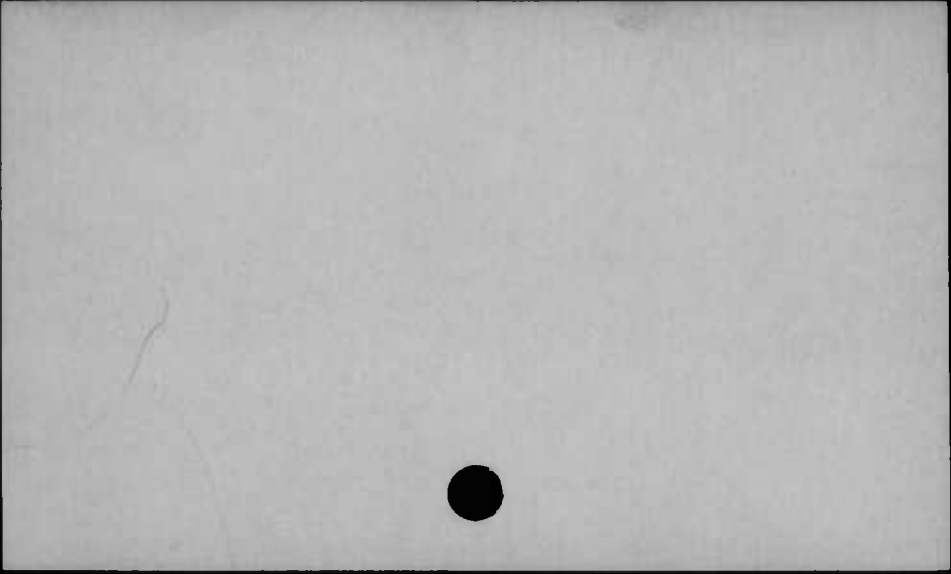
Maryland Journal

Address

Towson 7-2

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Christian Rooney

Town

County

Died at

Highlandtown

Baltimore.

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8 - 22 - 30

Age 30

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

161

Cause of

Primary

Heart

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Maryland Journal (Forensic) Aug. 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Health Department, City of Baltimore,

Permit No. **A**

Office of Registrar of Vital Statistics.

Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **8-10-98**

Full name of Deceased, { Write legibly with ink and spell correctly. If an infant not named give names of parents. } **Mary M. Cowan**

Sex, Male or Female, { Cross out the words not required in this line. }

Age, **54** Years, Months, Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, **Domestic**

Birthplace, { State or County, and how long in the United States, if of foreign birth. } **Ireland**

Duration of Residence in the City of Baltimore, **47 yrs**

Place of Death, { Give Street and Number. } **B. V. Asylum**

Cause of Death, { First (Primary), Second (Immediate), } **Phthisis Pulmonalis**

Exhaustion

Duration of Last Sickness, **About four months**

All the above information should be furnished by the Physician.

Place of Burial, **9 12 St**

Date of Burial, **9 12 98**

Undertaker, **Lee Cohen** M.D.,

Place of Business, **17 0 St** Address, **B. V. Asylum**

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Enumerated Below.

ANEURISM—Mode of Death.
 CER. SPINAL MENINGITIS—Variety, whether
 Epidemic or simply Inflammatory.
 CHILDBIRTH—Circumstances producing Death.
 CANCER—Variety and Seat.
 CALCULUS—Mode of Death.
 DENTITION—Mode of Death.
 DISEASE OF HEART—Variety. Valves involved.
 DROPSY—Variety and Cause.
 ENTERITIS AND GASTRO-ENTERITIS—Cause,
 whether Diarrhoeal or not.
 ERYSIPELAS—Seat and Cause.
 FRACTURES—Cause and Mode of Death.
 GANGRENE—Seat and Cause.
 GASTRITIS—Cause.
 HERNIA—Variety and Mode of Death.
 INSANITY—Variety and Mode of Death.
 JAUNDICE—Cause and Mode of Death.
 MANIA, ACUTE—Cause and Mode of Death.
 MISCARRIAGE—Cause and Mode of Death.
 MALIGNANT PUSTULE—Location and Cause.
 MALFORMATION—Variety.

METRITIS—Variety and Cause.
 NECROSIS—Seat. Cause and Mode of Death.
 OVARIAN TUMOR—Mode of Death.
 PARALYSIS—Variety and Cause.
 PERITONITIS—Cause.
 PHLEBITIS—Cause.
 PYAEMIA—Cause. Nature of Injury, if any.
 PREMATURE BIRTH—Cause. Foetal age.
 PRETERNATURAL BIRTH—Manner of.
 SYPHILIS—Variety. Chief Location and Mode
 of Death.
 TETANUS—Nature of Injury, if any.
 ULCER—Nature. Chief Location and Mode of
 Death.
 WOUNDS—Cause, Variety, Seat and Mode of
 Death.
 ABSCESS—Cause, Location and Mode of Death.
 Specify every Surgical Operation with fatal
 result.
 Mention INTemperance whenever recognized
 as having produced or complicated the
 direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Health Department, City of Baltimore,

at No. 11

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Aug 4th 98*

Full Name of Deceased, { Write legibly with ink and spell correctly. If an infant not named, give names of parents. } *Annie Sarguski*

Sex, *Male* or Female, { Cross out the words not required in this line. }

Age, *5* Years, *5* Months, *-* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *E. Broomey. Md.*

Birthplace, { State or County, and how long in the United States, if of foreign birth- } *E. Broomey. Md.*

Duration of Residence in the City of Baltimore, *2. y to.*

Place of Death, { Give Street and Number. } *120*

Cause of Death, { First (Primary) Second (Immediate) } *Chorea Infantis - Exhaustion -*

Duration of Last Sickness, *three weeks -*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Rosary*

Date of Burial, *Aug 9 1898*

{ Undertaker Place of Business, } *M. Sadowski 703 S. Am...*

{ Address, } *R. Davney Ball M.D., Medical Attendant. South Baito. Md.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Enumerated Below.

ANEURISM—Mode of Death.	METRITIS—Variety and Cause.
CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.	NECROSIS—Seat. Cause and Mode of Death.
CHILDBIRTH—Circumstances producing Death.	OVARIAN TUMOR—Mode of Death.
CANCER—Variety and Seat.	PARALYSIS—Variety and Cause.
CALCULUS—Mode of Death.	PERITONITIS—Cause.
DENTITION—Mode of Death.	PHLEBITIS—Cause.
DISEASE OF HEART—Variety. Valves involved.	PYAEMIA—Cause. Nature of Injury, if any.
DROPSY—Variety and Cause.	PREMATURE BIRTH—Cause. Foetal age.
ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhoeal or not.	PRETERNATURAL BIRTH—Manner of.
ERYSIPELAS—Seat and Cause.	SYPHILIS—Variety. Chief Location and Mode of Death.
FRACTURES—Cause and Mode of Death.	TETANUS.—Nature of Injury, if any.
GANGRENE—Seat and Cause.	ULCER—Nature. Chief Location and Mode of Death.
GASTRITIS—Cause.	WOUNDS—Cause, Variety, Seat and Mode of Death.
HERNIA—Variety and Mode of Death.	ABSCCESS—Cause, Location and Mode of Death.
INSANITY—Variety and Mode of Death.	Specify every Surgical Operation with fatal result.
JAUNDICE—Cause and Mode of Death.	Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.
MANIA, ACUTE—Cause and Mode of Death.	
MISCARRIAGE—Cause and Mode of Death.	
MALIGNANT PUSTULE—Location and Cause.	
MALFORMATION—Variety.	

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.

Department, City of Baltimore,

No. **A**

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, 8-1-98

Full name of Deceased, { Write legibly with ink and spell correctly. If an infant not named give names of parents. } Welford W. Lang

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 78 Years, 1 Months, 9 Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Lang. Light

Birthplace, { State or County, and how long in the United States, if of foreign birth. } West Mallow, Pa

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } 20 Market Street, Baltimore

Cause of Death, { First (Primary), Second (Immediate), } Epilepsy

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, August 3rd 1898

{ Undertaker, Felix B. Pyl } Dr. G. W. Hemmard M.D.,
Place of Business, 102 E. Mulberry St Address, 708 E. ...
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever the duty of the Physician who attended during his or her last sickness, or to furnish within twenty-four hours after the death, to the Undertaker, or setting forth, as far as the same can be ascertained, the full name, sex, deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Print

<p> URISM—Mode of Death. SR. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory. CHILDBIRTH—Circumstances producing Death. CANCER—Variety and Seat. CALCULUS—Mode of Death. DENTITION—Mode of Death. DISEASE OF HEART—Variety. Valves involved. DROPSY—Variety and Cause. ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not. ERYSIPELAS—Seat and Cause. FRACTURES—Cause and Mode of Death. GANGRENE—Seat and Cause. GASTRITIS—Cause. HERNIA—Variety and Mode of Death. INSANITY—Variety and Mode of Death. JAUNDICE—Cause and Mode of Death. MANIA, ACUTE—Cause and Mode of Death. MISCARRIAGE—Cause and Mode of Death. MALIGNANT PUSTULE—Location and Cause. MALFORMATION—Variety. </p>	<p> METRITIS—Va. NECROSIS—Seat. Cause of Dea OVARIAN TUMOR—Mode of Dea PARALYSIS—Variety and Cause. PERITONITIS—Cause. PHLEBITIS—Cause. PYAEMIA—Cause. Nature of Injury, if any. PREMATURE BIRTH—Cause. Fœtal age. PRETERNATURAL BIRTH—Manner of. SYPHILIS—Variety. Chief Location and Mode of Death. TETANUS—Nature of Injury, if any. ULCER—Nature. Chief Location and Mode of Death. WOUNDS—Cause, Variety, Seat and Mode of Death. ABSCCESS—Cause, Location and Mode of Death. Specify every Surgical Operation with fatal result. Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death. </p>
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JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Died at

Date 19

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's
NameMother's
Name

Cause of

Primary.

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

THE UNIVERSITY OF CHICAGO

Name in Full

Certificate of Death

Pearl Dell.
 Died at ^{Town} Dickeyville ^{County} Balto., MARYLAND

Date 1898 ^{Month} Aug ^{Day} 30th Y. M. D. 6 8
 Age 6 8
 Sex ~~Male~~ White ~~Married~~ ^{Female} ~~Widow~~ ^{Single} ~~Divorced~~
 Occupation _____
 Number of children living _____

Husband
 of
 Wife

Father's Name William Dell Mother's Name Mother Dead,

Cause of Death { Primary Cholera Infantum #2
 Immediate
 How long sick 1 week.
 Accident, Suicide, Homicide

Reported by George Y. Everhart, M.D.
 Address Dickeyville Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



A

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2, 1898

Full name of Deceased, Mary H Doyle

Sex, Female

Age, Twenty-seven Years Months, — Days.

Color, White

Married, Single

Occupation, Housekeeper

Birthplace, Maryland

Duration of Residence in the City of Baltimore, Twenty-seven years

Place of Death, St. Agnes' Hospital

Cause of Death, Pulmonary Tuberculosis

Duration of Last Sickness, One year

Place of Burial, New Cathedral Cemetery

Date of Burial, Aug 4 1898

Undertaker, McFadden & Sons

Place of Business, 516 N. Calver St.

Address, St. Agnes' Hospital

D. F. O'Connor, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

EURISM—

CER. SPINAL

Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause,
whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

Cause.

SIS—Seat. Cause and Mode

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode
of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of
Death.

WOUNDS—Cause, Variety, Seat and Mode of
Death.

ABSCCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal
result.

Mention INTEMPERANCE whenever recognized
as having produced or complicated the
direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Hinnie May Duebler

Town

County

Died at *Providence**Baltimore*

MARYLAND

Date 189 <i>8</i>	Month <i>8</i>	Day <i>16</i>	Age <i>26</i>	Y. <i>-</i>	M. <i>-</i>	D. <i>-</i>	Native of <i>Id</i>	Occupation <i>Housewife</i>
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living		<i>1</i>		

~~Husband~~ of *Mrs E. Duebler*

Father's Name *Uriah Carter*

Mother's Name *Mrs Carter*

Cause of	Primary	<i>Tuberculosis</i>	<i>229</i>	How long sick <i>4 months</i>
Death	Immediate	<i>Acute Tuberculosis</i>		Accident, Suicide, Homicide

Reported by *Dr R. L. Massenburg*

Address *Tavern*  *md*



Record No.

Attention of Physicians is respectfully invited to the Remarks below, and to the List of Diseases on the back of this Cert.

CERTIFICATE OF DEATH.

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

Permit No.

Date of Death Aug, 22nd 189 8

Full name of Deceased Margaret M. Bull
(If an unnamed Infant, insert full names of both Parents.)

Sex Female

Age 61 Years Months Days.

Color white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~.

Occupation

Birthplace Ind.

Duration of Residence in the District of Columbia 30 years

Nativity of Father Nativity of Mother

Place of Death [Give Street and Number.] 487 Wisconsin ave NW,

Cause of Death { Primary Phthisis Pulmonalis
Immediate Berkman

Duration of Last Sickness Six months

All of the above information should be furnished by the Physician.

In case of death by a zymotic disease, please state what, if any, local cause exists to produce the same.

Place of Burial

Date of Burial J. J. Mallan M. D.

{ Undertaker

{ Place of Business Address 27 B St SE

Apnoea, Exhaustion, Heart Failure, and kindred terms must not be certified as Primary cause of death.

In case of death from other than natural causes, the death certificate must be signed or approved by the Coroner prior to the issue of a burial permit.

Extract from Regulations to Secure a Full and Correct Record of Vital Statistics in the District of Columbia.

SECTION 4. That whenever any person shall die within the District of Columbia it shall be the duty of the Physician attending such person, or his or her last sickness, or of the Coroner of the District, when the case comes under his official notice, to furnish and deliver to the undertaker, or person superintending the burial of said deceased person, a certificate, duly signed, setting forth, as far as the same may be ascertained, the name, age, color, sex, nativity (giving State or country), occupation, whether married or single, duration of residence in the District of Columbia, cause, date, and place of Death (giving street and number), and duration of last sickness, of such deceased person. And it shall be the duty of the undertaker, or other person in charge of the burial of such deceased person, to state in said certificate the date and place of burial, and, having signed the same, to forward it to the Registrar aforesaid within twenty-four hours after such death: *Provided*, That in case of death from any infectious or contagious disease, said certificate shall be so made and forwarded within eight hours thereafter.

The following additional information is requested in relation to the Causes of Death enumerated below :

ABSCCESS—Variety and Seat.
 *ANEURISM—Mode of Death.
 CER. SPIN. MENINGITIS—Variety, whether epidemic or simply inflammatory.
 CHILDBIRTH—Circumstances producing death.
 *CANCER—Variety and Seat.
 CALCULUS—Mode of Death.
 DENTITION—Mode of Death.
 DISEASE OF HEART—Variety. Valves involved.
 DROPSY—Variety and Cause, and Serous Sac involved.
 ENTERITIS AND GASTRO ENTERITIS—Cause.
 Whether Diarrhœal or not.
 ERYSIPELAS—Seat and Cause.
 FRACTURES—Cause and Mode of Death.
 GANGRENE—Seat and Cause.
 GASTRITIS—Cause.
 *HERNIA—Variety and Mode of Death.
 INSANITY—Variety and Mode of Death.
 JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.
 MISCARRIAGE—Cause and Mode of Death.
 MALIGNANT POSTULE—Location and Cause.
 MALFORMATION—Variety.
 METRITIS—Variety and Cause.
 NECROSIS—Seat. Cause and Mode of Death.
 *OVARIAN TUMOR—Mode of Death.
 PARALYSIS—Variety and Cause.
 PERITONITIS—Cause.
 PHLEBITIS—Cause.
 PYÆMIA—Cause. Nature of injury, if any.
 PREMATURE BIRTH—Cause. Foetal age.
 PRETERNATURAL BIRTH—Manner of.
 SYPHILIS—Variety, Chief Location, and Mode of Death.
 TETANUS—Nature of injury, if any.
 ULCER—Nature, Chief Location, and Mode of Death.
 WOUNDS—Cause, Variety, Seat, and Mode of Death.

Specify every Surgical Operation with fatal results.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

In Diseases marked thus * state if operation has been performed.

In cases of Death resulting from Violence, the death certificate must be signed or approved by the Coroner.

WM. C. WOODWARD, M. D.,
Health Officer.

CERTIFICATE OF DEATH.

Date of Death, August 8 1898

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents, } William 36 DuShane

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 31 Years, 10 Months, — Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or county, and how long in the United States if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give Street and Number. } Emory Drive

Cause of Death, { First (Primary), Second (Immediate), } Epilepsy
Congestion of Brain

Duration of Last Sickness, 26 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 11/98

{ Undertaker, Geo. J. Smith }

{ Place of Business, 945 W. Fayette, Address, Glyndon Md. }

J. H. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

ON—Mode of Death.

—Variety and Cause.

S AND GASTRO ENTERITIS—Cause.

Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Cause of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal Age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS— Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

GEORGE H. ROHÉ,

Commissioner of Health and Registrar.

REMARKS.

James Dykes Jr
 Died at *Bella* *Baltimore* MARYLAND
 Town County

Date 189 *8* *Aug* *1* Age *71* *10* *8* *Balt Co* *Plasterer*
 Male *White* Married *Widow* *Divorced*
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *3*

Husband of *Mary Dykes*
 Wife *James Dykes* Mother's Name *Elizabeth Beard*
 Father's Name *James Dykes*
 Cause of Death { Primary *Phthisis* How long sick *about one year*
 Immediate *Diarrhoea* Accident, Suicide, Homicide

Reported by *William E. Hodges M.D.*
 Address *Ellicott City Md.*



Attention of Physicians is Respectfully Invited to the Remarks below, and to the Diseases on back of this

Health Department, City of Baltimore,

Unit No. **A** Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8-11-98

Full name of Deceased, Write legibly with ink and spell correctly. If an infant not named give names of parents. Lizzie Eoatt

Sex, Male or Female, Cross out the words not required in this line.

Age, 19 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, Seamstress

Birthplace, State or County, and how long in the United States, if of foreign birth. Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, Give Street and Number. B.V. Asylum

Cause of Death, First (Primary), Second (Immediate). Secondary Syphilis
Inanition

Duration of Last Sickness, About 2 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Aug 12 1898

Undertaker, J. J. Cowan

Place of Business, 901 Hollins

Address, B.V. Asylum

Lee Cohen M.D.,
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Requested in Relation to the Causes of
Enumerated Below.

CRISM—Mode of Death.
MR. SPINAL MENINGITIS—Variety, whether
Epidemic or simply Inflammatory.
CHILDBIRTH—Circumstances producing Death.
CANCER—Variety and Seat.
CALCULUS—Mode of Death.
DENTITION—Mode of Death.
DISEASE OF HEART—Variety. Valves involved.
DROPSY—Variety and Cause.
ENTERITIS AND GASTRO-ENTERITIS—Cause,
whether Diarrhoeal or not.
ERYSIPELAS—Seat and Cause.
FRACTURES—Cause and Mode of Death.
GANGRENE—Seat and Cause.
GASTRITIS—Cause.
HERNIA—Variety and Mode of Death.
INSANITY—Variety and Mode of Death.
JAUNDICE—Cause and Mode of Death.
MANIA, ACUTE—Cause and Mode of Death.
MISCARRIAGE—Cause and Mode of Death.
MALIGNANT PUSTULE—Location and Cause.
MALFORMATION—Variety.

METRITIS—Variety and Cause.
NECROSIS—Seat. Cause and Mode of Death.
OVARIAN TUMOR—Mode of Death.
PARALYSIS—Variety and Cause.
PERITONITIS—Cause.
PHLEBITIS—Cause.
PYAEMIA—Cause. Nature of Injury, if any.
PREMATURE BIRTH—Cause. Foetal age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety. Chief Location and Mode
of Death.
TETANUS—Nature of Injury, if any.
ULCER—Nature. Chief Location and Mode of
Death.
WOUNDS—Cause, Variety, Seat and Mode of
Death.
ABSCESS—Cause, Location and Mode of Death.
Specify every Surgical Operation with fatal
result.
Mention INTemperance whenever recognized
as having produced or complicated the
direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Health Department, City of Baltimore

No. **A**

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *August 3rd 1898*

Full name of Deceased, *Catherine Flynn*
{ Write legibly with ink and spell correctly. If an infant not named give names of parents. }

Sex, ~~Male~~ or Female, *Female*
{ Cross out the words not required in this line. }

Age, *37* Years, _____ Months, _____ Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, *Single*
{ Cross out the words not required in this line. }

Occupation, *Housewife*

Birthplace, *Michigan*
{ State or County, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *By St. Ann's Point, Md.*

Place of Death, *St. Ann's Point, Md.*
{ Give Street and Number. }

Cause of Death, *Pneumonia*
Phthisis
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, *One (1) year*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cem.*

Date of Burial, *Aug 3rd 1898*

Undertaker, *W. J. C. Dulany Co.*

Place of Business, *1707 Bank St.*

W. J. C. Dulany M.D.,
 Medical Attendant.
 Address, *St. Ann's Point Md.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

RISM—Mode of Death.

SPINAL MENINGITIS—Variety, whether
Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause,
whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety:

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode
of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of
Death.

WOUNDS—Cause, Variety, Seat and Mode of
Death.

ABSCCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal
result.

Mention INTemperance whenever recognized
as having produced or complicated the
direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

George Gayton

Town

Greys

County

Baltimore

MARYLAND

Died at

Date 189

r

Month

9

Day

11

Y.

77

M.

D.

Native of

Occupation

Carpenter

Male

White

Married

Widow

~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cancer of face glands of neck

How long sick

9 months

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

J. H. B. Orrings

Address

Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

P.C.I. 3

Attention of Physicians

ON

Health Department, City of Baltimore

Permit No. **A**

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

th, Aug. 3rd 1898

Full name of Deceased, { Write legibly with ink and spell correctly. If an infant not named give names of parents. } Sadie P. Gibbons

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, 25 Years, _____ Months, _____ Days.

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or County, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, None

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City Rd

Date of Burial, Aug 5th 1898

Undertaker, Stewart & Morgan

Place of Business, 217 Park Ave

Charles L. Keen M.D.,
Medical Attendant.

Address, 111 Hope Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CRISM—Mode of Death.

710
EPIDEMIC MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

PERITONITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury.

PREMATURE BIRTH—Cause. Fœta

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTemperance whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Permit No. **A**

AS.

Ward

The Physician who attended any person in a last illness, or for the presentation of this Certificate, *as filled out* to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of the deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *August 1, 1898*
 Full name of Deceased, { Write legibly with ink and spell correctly. If an infant not named give names of parents. } *Katherine Gilbert*
 Sex, ~~Male~~ Female, { Cross out the words not required in this line. }
 Age, *Eight* Years, *eleven* Months, *~* Days.
 Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *School girl*
 Birthplace, { State or County, and how long in the United States, if of foreign birth. } *Carroll Co., Maryland.*

Duration of Residence in the City of Baltimore, *Eleven years, five mos.*

Place of Death, { Give Street and Number. } *Aiolettville*

Cause of Death, { First (Primary), *Cerebro-Spinal Meningitis.* Second (Immediate), *Asthenia.* }
of three weeks.

Duration of Last Sickness, *Three weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *London Park Mt Olin Cemetery*

Date of Burial, *Aug 2nd 1898*

{ Undertaker, *C. W. Dull* } *D. F. C. Connor, M.D.,*
 { Place of Business, *810 Fredk ave* } *Medical Attendant.*

Address, *St Agnes' Hospital.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SPINAL
Epidemic or
CHILD BIRTH—Circumstances producing
CANCER—Variety and Seat.
CALCULUS—Mode of Death.
DENTITION—Mode of Death.
DISEASE OF HEART—Variety. Valves involved.
DROPSY—Variety and Cause.
ENTERITIS AND GASTRO-ENTERITIS—Cause,
whether Diarrhoeal or not.
ERYSIPELAS—Seat and Cause.
FRACTURES—Cause and Mode of Death.
GANGRENE—Seat and Cause.
GASTRITIS—Cause.
HERNIA—Variety and Mode of Death.
INSANITY—Variety and Mode of Death.
JAUNDICE—Cause and Mode of Death.
MANIA, ACUTE—Cause and Mode of Death.
MISCARRIAGE—Cause and Mode of Death.
MALIGNANT PUSTULE—Location and Cause.
MALFORMATION—Variety.

Cause.
Cause and Mode of Death.
—Mode of Death.
PARALYSIS—Variety and Cause.
PERITONITIS—Cause.
PHLEBITIS—Cause.
PYAEMIA—Cause. Nature of Injury, if any.
PREMATURE BIRTH—Cause. Fœtal age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety. Chief Location and Mode
of Death.
TETANUS—Nature of Injury, if any.
ULCER—Nature. Chief Location and Mode of
Death.
WOUNDS—Cause, Variety, Seat and Mode of
Death.
ABSCESS—Cause, Location and Mode of Death.
Specify every Surgical Operation with fatal
result.
Mention INTemperance whenever recognized
as having produced or complicated the
direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Lester Godfrey

Town

County

Died at

Orees

Bates County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

Aug 24

Age

9m

Orees

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Charles Godfrey

Mother's

Name

Louise Godfrey

Cause of

Primary

Meningitis

Death

Immediate

Convulsion

How long sick

4 days

~~Accident, Suicide, Homicide~~

Reported by

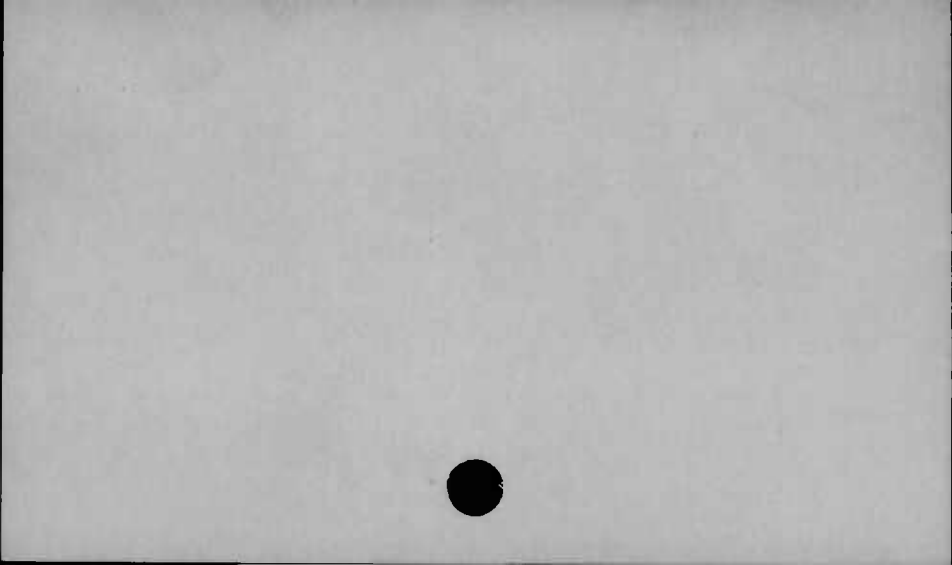
Dr. H. B. Ormings

Address

Micoa City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969



Name in Full

Certificate of Death

Died at

Date 189

Male

~~Female~~

Husband of

Father's
Name

Cause of

Death

Reported by

Address

Town

County

Y.

M.

D.

Native of

Occupation

Age

White

~~Colored~~

Single

Widow

~~Widow~~

Divorced

~~Number of children living~~Mother's
Name

How long sick

Primary

Immediate

~~Accident, Suicide, Homicide~~

Maryland
~~Andover~~ Journal (Pensioner) Aug. 27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Board of Health, City of Baltimore,

No. *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 16/98.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ernest Hayes.

Sex, *Male or ~~Female~~*, { Cross out the word not
required in this line. }

Age, 7 Years, Months, Days.

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the word not }
required in this line.

Occupation,

Birthplace, { State or country, and how
long in the United States,
if of foreign birth. }

Duration of Residence in the City of Baltimore, Life -

Place of Death, { Give street and } St. Mary's Industrial School
Number.

First, (Primary,) Sept 1861

Cause of Death, }
Second, (Immediate,) } Exhaustion - Heart failure

Duration of Last Sickness, 48 hours

Al. the above information should be furnished by the Physician

Place of Burial, *New Cathedral Cemetery*

Date of Burial. Aug 27 1898 R. He. Goldsmith M. D.

(Undertaker, *John H. [illegible]*) Medical Attendant.

Place of Business, Albany St Address, Harlem av. & Calhoun st.

*Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.*

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER,

*The Following Additional Information is Requested in Relation to the Causes of Death
Enumerated Below.*

ANEURISM—Mode of Death.	MALFORMATION—Variety.
CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.	METRITIS—Variety and Cause.
CHILDBIRTH—Circumstances producing Death.	NECROSIS—Seat. Cause and Mode of Death.
CANCER—Variety and Seat.	OVARIAN TUMOR—Mode of Death.
CALCULUS—Mode of Death.	PARALYSIS—Variety and Cause.
DENTITION—Mode of Death.	PERITONITIS—Cause.
DISEASE OF HEART—Variety. Valves involved.	PHLEBITIS—Cause.
DROPSY—Variety and Cause.	PYÆMIA—Cause. Nature of Injury, if any.
ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrheal or not.	PREMATURE BIRTH—Cause. Fœtal age.
ERYSIPELAS—Seat and Cause.	PRETERNATURAL BIRTH—Manner of.
FRACTURES—Cause and Mode of Death.	SYPHILIS—Variety, Chief Location and Mode of Death.
GANGRENE—Seat and Cause.	TETANUS—Nature of Injury, if any.
GASTRITIS—Cause.	ULCER—Nature, Chief Location and Mode of Death.
HERNIA—Variety and Mode of Death.	WOUNDS—Cause, Variety, Seat and Mode of Death.
INSANITY—Variety and Mode of Death.	ABSCESS—Cause, Location and Mode of Death.
JAUNDICE—Cause and mode of Death.	Specify every Surgical Operation with fatal result.
MANIA, ACUTE—Cause and Mode of Death.	Mention INTemperance whenever recognized as hav- ing produced or complicated the direct cause of death.
MISCARRIAGE—Cause and Mode of Death.	
MALIGNANT PUSTULE—Location and Cause.	

JAMES A. STEUART, M. D.
Commissioner of Health and Registrar.

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore

Alt No. **A** Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within twenty-four hours after the death of a deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug - 16 - 1898 -

Full name of Deceased, { Write legibly with ink and spell correctly. If an infant not named give names of parents. } Joseph Z. Hindes

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age, 64 Years, Months, Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Sawyer Bank Clerk -

Birthplace, { State or County, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } Lavastown -

Cause of Death, { First (Primary), Second (Immediate), } Ulcerative enteritis -
Perforation of bowel - Collapse -

Duration of Last Sickness, Seven days, though has
All the above information should be furnished by the Physician. had repeated gastro-intestinal

Place of Burial, Louisa Park attacks

Date of Burial, Aug 18 - 1898

{ Undertaker, Em Mitchell John J. King M.D.,
Place of Business, 1201 W. Fayette St Address, 640 W. Carrollton
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Following ~~Medical~~ ~~Information~~ ~~is~~ ~~Key~~ ~~in~~

Enumerated Below.

ASTHMA—Mode of Death.
SPINAL MENINGITIS—Variety, whether
Epidemic or simply Inflammatory.
CHILD BIRTH—Circumstances producing Death.
CANCER—Variety and Seat.
CALCULUS—Mode of Death.
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GANGRENE—Seat and Cause.
GASTRITIS—Cause.
HERNIA—Variety and Mode of Death.
INSANITY—Variety and Mode of Death.
JAUNDICE—Cause and Mode of Death.
MANIA, ACUTE—Cause and Mode of Death.
MISCARRIAGE—Cause and Mode of Death.
MALIGNANT PUSTULE—Location and Cause.
MALFORMATION—Variety.

METRITIS—Variety and Cause.
NECROSIS—Seat. Cause and Mode of Death.
OVARIAN TUMOR—Mode of Death.
PARALYSIS—Variety and Cause.
PERITONITIS—Cause.
PHLEBITIS—Cause.
PYAEMIA—Cause. Nature of Injury, if any.
PREMATURE BIRTH—Cause. Fœtal age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety. Chief Location and Mode
of Death.
TETANUS—Nature of Injury, if any.
ULCER—Nature. Chief Location and Mode of
Death.
WOUNDS—Cause, Variety, Seat and Mode of
Death.
ABSCESS—Cause, Location and Mode of Death.
Specify every Surgical Operation with fatal
result.
Mention INTemperance whenever recognized
as having produced or complicated the
direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

Age 45

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

WILLIAM

WILLIAM

WILLIAM

WILLIAM

WILLIAM

WILLIAM



Name in Full

Certificate of Death

George C. Kellum

Town

County

Died at

MARYLAND

Date 189

8

Month

Day

8 21

Y.

Age 57

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Mailand Journal (Peebles) Aug. 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Emil Kell
 Died at *St. George's Station* ^{Town} *Baltimore* ^{County} MARYLAND

Date 189 *8* ^{Month} *8* ^{Day} *29* ^{Y.} *74* ^{M.} *74* ^{D.} *74* ^{Native of} *74* ^{Occupation} *74*

Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living ☐

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

Cause of { Primary
 Death { Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Paul & Co. Drm. Loomis
9-3

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



No. **A**

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore,

Permit No. **A**

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 98Full name of Deceased, Amos Thompson
{ Write legibly with ink and spell correctly. If an infant not named give names of parents. }Sex, Male or Female, Male
{ Cross out the words not required in this line. }Age, 1 Years, 8 Months, 8 Days.Color, WhiteMarried, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }Occupation, Woodbrook BaltimoreBirthplace, Woodbrook Baltimore
{ State or County, and how long in the United States, if of foreign birth. }Duration of Residence in the City of Baltimore, Woodbrook BaltimorePlace of Death, Woodbrook Baltimore
{ Give Street and Number. }Cause of Death, Whooping Cough
{ First (Primary), Second (Immediate), }Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bald. Cem.Date of Burial, Aug 2/98Undertaker, D. M. Lean H. F. Hill M.D.,
Medical Attendant.Place of Business, 829 Linden Ave Address, 1001 E. 2nd Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Enumerated Below.

ANEURISM—Mode of Death.
 CER. SPINAL MENINGITIS—Variety, whether
 Epidemic or simply Inflammatory.
 CHILDBIRTH—Circumstances producing Death.
 CANCER—Variety and Seat.
 CALCULUS—Mode of Death.
 DENTITION—Mode of Death.
 DISEASE OF HEART—Variety. Valves involved.
 DROPSY—Variety and Cause.
 ENTERITIS AND GASTRO-ENTERITIS—Cause,
 whether Diarrhœal or not.
 ERYSIPELAS—Seat and Cause.
 FRACTURES—Cause and Mode of Death.
 GANGRENE—Seat and Cause.
 GASTRITIS—Cause.
 HERNIA—Variety and Mode of Death.
 INSANITY—Variety and Mode of Death.
 JAUNDICE—Cause and Mode of Death.
 MANIA, ACUTE—Cause and Mode of Death.
 MISCARRIAGE—Cause and Mode of Death.
 MALIGNANT PUSTULE—Location and Cause.
 MALFORMATION—Variety.

METRITIS—Variety and Cause.
 NECROSIS—Seat. Cause and Mode of Death.
 OVARIAN TUMOR—Mode of Death.
 PARALYSIS—Variety and Cause.
 PERITONITIS—Cause.
 PHLEBITIS—Cause.
 PYAEMIA—Cause. Nature of Injury, if any.
 PREMATURE BIRTH—Cause. Foetal age.
 PRETERNATURAL BIRTH—Manner of.
 SYPHILIS—Variety. Chief Location and Mode
 of Death.
 TETANUS—Nature of Injury, if any.
 ULCER—Nature. Chief Location and Mode of
 Death.
 WOUNDS—Cause, Variety, Seat and Mode of
 Death.
 ABSCESS—Cause, Location and Mode of Death.
 Specify every Surgical Operation with fatal
 result.
 Mention INTemperance whenever recognized
 as having produced or complicated the
 direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Health Department, City of Baltimore,

At No. **A** Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 9th 1898
 Full Name of Deceased, Harry M. Knight
Write legibly with ink and spell correctly. If an infant not named, give names of parents.
 Sex, ~~Male~~ or Female, Male
Cross out the words not required in this line.
 Age, 62 Years, 4 Months, 29 Days.
 Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Single
Cross out the words not required in this line.

Occupation, Druckster

Birthplace, Baltimore Md
(State or County, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, Life

Place of Death, At Home
(Give Street and Number.)

Cause of Death, Apoplexy
First (Primary) Second (Immediate)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 12/98

Undertaker, Armstrong Denny Co. Charles G. Hall M.D.,
Medical Attendant.

Place of Business, 715 Light Address, At Home

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Enumerated Below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether
Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS — Cause,
whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode
of Death.

TETANUS.—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of
Death.

WOUNDS—Cause, Variety, Seat and Mode of
Death.

ABSCCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal re-
sult.

Mention INTEMPERANCE whenever recognized as
having produced or complicated the direct
cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.

Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, ~~Swing, Hammer~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596R



Name in Full

Certificate of Death

Barby Catern Looker,

Died at ^{Town} Gray's, ^{County} Baltimore, MARYLAND

Date 1898 ^{Month} Aug ^{Day} 8 Age ^{Y.} 27 ^{M.} 1 ^{D.} 9 Native of Elkton, Va. Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ Widower Number of children living 1

~~Husband~~ of John Henry Brown

Wife

Father's Name Barran Looker Mother's Name Mary Hoffmuckel.

Cause of { Primary Placenta Previa, Induced Abortion How long sick 30 days

Death { Immediate Puerperal Septicemia Accident, Suicide, Homicide

Reported by Dr. Wm B. Gambrell

Address Alberton, Howard Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Department, City of Baltimore

A

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested to do so, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8-9-98

Full name of Deceased, Rebecca S. Soy
Write legibly with ink and spell correctly. If an infant not named give names of parents.

Sex, Male or Female, Male
Cross out the words not required in this line.

Age, 43 Years, 0 Months, 0 Days.

Color, Black

Married, Single, Widow or Widower, Single
Cross out the words not required in this line.

Occupation, Domestic

Birthplace, Baltimore
State or County, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, —

Place of Death, B. V. Asylum
Give Street and Number.

Cause of Death, Lobar Pneumonia
First (Primary), Second (Immediate),

Duration of Last Sickness, 3 days
All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hosp for Anatomical purposes

Date of Burial, Aug 11, 1898

Undertaker, M. Stevenson

Place of Business, Health Office

Medical Attendant, Lee Cohen M.D.

Address, B. V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

IM—Mode of Death.

SPINAL MENINGITIS—Variety, whether
Epidemic or simply Inflammatory.

CHILD BIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause,
whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode
of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of
Death.

WOUNDS—Cause, Variety, Seat and Mode of
Death.

ABSCCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal
result.

Mention INTemperance whenever recognized
as having produced or complicated the
direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Fredrick
Mr. Maisel Sr.

Town

County

Died at

Gatonsville - Bulloch Co.

MARYLAND

Month

Day

M.

D.

Native of

Occupation

Date 189

8 August 25

Age

75

Germany

Contractor

Male

White

~~Married~~

~~Widow~~

~~Divorced~~

Number of children living *8*

Husband

of

Elizabeth Maisel

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Dyspnea &
Swelling of Lungs.

How long sick

one week

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

John Jeff MD

Address

701 N.

Carrollton Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65008



Name in Full

Certificate of Death

Mary J. Martin

Town

County

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

8 Aug 23

Age 57

Md

Housewife

Female

White

~~Married~~

Widow

~~Deceased~~

Number of children living, 4

Husband
of
Wife

Father's

Name

Mother's
Name

Cause of

Primary

Dementia

How long sick

5 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66958



Name in Full

Certificate of Death

Beth E. Molsberger

Town

County

MARYLAND

Died at

Catonsville Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Aug

15

Age

17

9

15

Maryland

Dress maker

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Larry Molsberger

Name

Mary Molsberger

Cause of

Primary

Typhoid fever

How long sick

15 days

Death

Immediate

hemorrhage and perforation of bowels

Accident, Suicide, Homicide

Reported by

W. B. Macmill

Address

Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Attention of Physicians is Respectfully Invited to the

of Diseases on back of this

Health Department, City of Baltimore,

Permit No. **A**

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Aug 8, 1898*

Full Name of Deceased, *Wm F McKee* Write legibly with ink and spell correctly. If an infant not named, give names of parents.

Sex, *Male* or *Female* Cross out the words not required in this line.

Age, *67* Years, *4* Months, *3* Days.

Color, *White*

Married, *Single*, *Widow* or *Widower* Cross out the words not required in this line.

Occupation, *Book-keeper*

Birthplace, *Ireland* State or County, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *45 years*

Place of Death, *Wood borne on Grand town md* Give street and number.

Cause of Death, *Paralysis* First (Primary),
Cardiac Dropsy Second (Immediate),

Duration of Last Sickness, *About two years*

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *August-10th 1898*

Undertaker, *H. W. Jenkins & Sons*

Place of Business, *Park & Saratoga St*

Medical Attendant, *Edl Duncan M.D.,*
Grand town Md

Address, *Grand town Md*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

ANEURISM—Mode of Death.
 CER. SPINAL MENINGITIS—Variety and Cause.
 Epidemic or simply Inflammatory.
 CHILDBIRTH—Circumstances of
 Death.
 CANCER—Variety and Seat.
 CALCULUS—Mode of Death.
 DENTITION—Mode of Death.
 DISEASE OF HEART—Variety. Valves in-
 volved.
 DROPSY—Variety and Cause.
 ENTERITIS AND GASTRO ENTERITIS—Cause,
 whether Diarrhœal or not.
 ERYSIPELAS—Seat and Cause.
 FRACTURES. Cause and Mode of Death.
 GANGRENE—Seat and Cause.
 GASTRITIS—Cause.
 HERNIA—Variety and Mode of Death.
 INSANITY—Variety and Mode of Death.
 JAUNDICE—Cause and Mode of Death.
 MANIA, ACUTE—Cause and Mode of Death.
 MISCARRIAGE—Cause and Mode of Death.
 MALIGNANT PUSTULE—Location and Cause.
 MALFORMATION—Variety.

METRITIS—Variety and Cause.
 NECROSIS—Seat. Cause and Mode of Death.
 OVARIAN TUMOR—Mode of Death.
 PARALYSIS—Variety and Cause.
 PERITONITIS—Cause.
 PNEUMONITIS—Cause.
 —Cause. Nature of Injury, if any.
 BIRTH—Cause. Fœtal age.
 AL BIRTH—Manner of.
 ty. Chief Location and
 h.
 T Injury, if any.
 U Location and Mode
 c
 Wound Seat and Mode
 of
 ABSCESS— and Mode of
 Death.
 Specify ever, on with fatal
 result.
 Mention INTER, eve
 nized as ha
 cated the d

JAMES F. McSHANE,

Commissioner of, Registrar.

REMARKS.

Association of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore

No. **A** Office of Registrar of Vital Statistics. Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested to do so, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Aug 16th 1898*

Full name of Deceased, { Write legibly with ink and spell correctly, if an infant not named give names of parents. } *Wesley Merchant*

Sex, *Male* or *Female*, { Cross out the words not required in this line. }

Age, *48* Years, _____ Months, _____ Days.

Color, *white*

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation, *Cigar Maker*

Birthplace, { State or County, and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *abt 2 1/2 yrs at Mt Hope*

Place of Death, { Give Street and Number. } *Agout Hope Retreat*

Cause of Death, { First (Primary), Second (Immediate), } *Paralysis - Ex from Hemiplegia -*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial *Landon Park*

Date of Burial, *Aug 18th 98*

{ Undertaker, *Gw Bantz* } *Frank J. Flammer, D.*
Medical Attendant.

{ Place of Business, *584 N Biddle* } Address, *Mt Hope Retreat*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Followin

enumerated Below.

URISM—Mode of Death.
SPINAL MENINGITIS—Variety, whether
Epidemic or simply Inflammatory.
CHILDBIRTH—Circumstances producing Death.
CANCER—Variety and Seat.
CALCULUS—Mode of Death.
DENTITION—Mode of Death.
DISEASE OF HEART—Variety. Valves involved.
DROPSY—Variety and Cause.
ENTERITIS AND GASTRO-ENTERITIS—Cause,
whether Diarrhœal or not.
ERYSIPELAS—Seat and Cause.
FRACTURES—Cause and Mode of Death.
GANGRENE—Seat and Cause.
GASTRITIS—Cause.
HERNIA—Variety and Mode of Death.
INSANITY—Variety and Mode of Death.
JAUNDICE—Cause and Mode of Death.
MANIA, ACUTE—Cause and Mode of Death.
MISCARRIAGE—Cause and Mode of Death.
MALIGNANT PUSTULE—Location and Cause.
MALFORMATION—Variety.

METRITIS—Variety and Cause.
NECROSIS—Seat. Cause and Mode of D
OVARIAN TUMOR—Mode of Death.
PARALYSIS—Variety and Cause.
PERITONITIS—Cause.
PHLEBITIS—Cause.
PYAEMIA—Cause. Nature of Injury, if any.
PREMATURE BIRTH—Cause. Fœtal age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety. Chief Location and Mode
of Death.
TETANUS—Nature of Injury, if any.
ULCER—Nature. Chief Location and Mode of
Death.
WOUNDS—Cause, Variety, Seat and Mode of
Death.
ABSCCESS—Cause, Location and Mode of Death.
Specify every Surgical Operation with fatal
result.
Mention INTemperance whenever recognized
as having produced or complicated the
direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

No. **A**

Office of Registrar

Registrar

Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **8-8-98**

Full name of Deceased, { Write legibly with ink and spell correctly. If an infant not named give names of parents. } **Chas. Mitchell**

Sex, Male or Female, { Cross out the words not required in this line. }

Age, **27** Years, _____ Months, _____ Days.

Color, **B-**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, **Servant**

Birthplace, { State or County, and how long in the United States, if of foreign birth. } **Washington Dc**

Duration of Residence in the City of Baltimore, **15 yrs**

Place of Death, { Give Street and Number. } **B.V. Asylum**

Cause of Death, { First (Primary), Second (Immediate). } **Phthisis Pulmonalis. Pulmonary Hemorrhage**

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, **Johns Hopkins Hosp for Anatomical purposes**

Date of Burial, **Aug 9th 1898**

Undertaker, **Leek Cohen** M.D., Medical Attendant.

Place of Business, **Health Office** Address, **B.V. Asylum**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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ERISM—Mode of Death.
 R. SPINAL ME.—Cause and Mode of Death.
 Epidemic or simply Inflammatory.
 CHILDBIRTH—Circumstances producing Death.
 CANCER—Variety and Seat.
 CALCULUS—Mode of Death.
 DENTITION—Mode of Death.
 DISEASE OF HEART—Variety. Valves involved.
 DROPSY—Variety and Cause.
 ENTERITIS AND GASTRO-ENTERITIS—Cause,
 whether Diarrhoeal or not.
 ERYSIPELAS—Seat and Cause.
 FRACTURES—Cause and Mode of Death.
 GANGRENE—Seat and Cause.
 GASTRITIS—Cause.
 HERNIA—Variety and Mode of Death.
 INSANITY—Variety and Mode of Death.
 JAUNDICE—Cause and Mode of Death.
 MANIA, ACUTE—Cause and Mode of Death.
 MISCARRIAGE—Cause and Mode of Death.
 MALIGNANT PUSTULE—Location and Cause.
 MALFORMATION—Variety.

ITIS—variety and Cause.
 ROSIS—Seat. Cause and Mode of Death.
 OVARIAN TUMOR—Mode of Death.
 PARALYSIS—Variety and Cause.
 PERITONITIS—Cause.
 PHLEBITIS—Cause.
 PYAEMIA—Cause. Nature of Injury, if any.
 PREMATURE BIRTH—Cause. Fœtal age.
 PRETERNATURAL BIRTH—Manner of.
 SYPHILIS—Variety. Chief Location and Mode
 of Death.
 TETANUS—Nature of Injury, if any.
 ULCER—Nature. Chief Location and Mode of
 Death.
 WOUNDS—Cause, Variety, Seat and Mode of
 Death.
 ABSCESS—Cause, Location and Mode of Death.
 Specify every Surgical Operation with fatal
 result.
 Mention INTemperance whenever recognized
 as having produced or complicated the
 direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Rev. S. George Morrison

Died at *Bel Air* Town *Baltimore* County MARYLANDDate 189 *8* Month *8* Day *28* Age *67* Y. M. D. Native of *Minneapolis* Occupation *Minister*

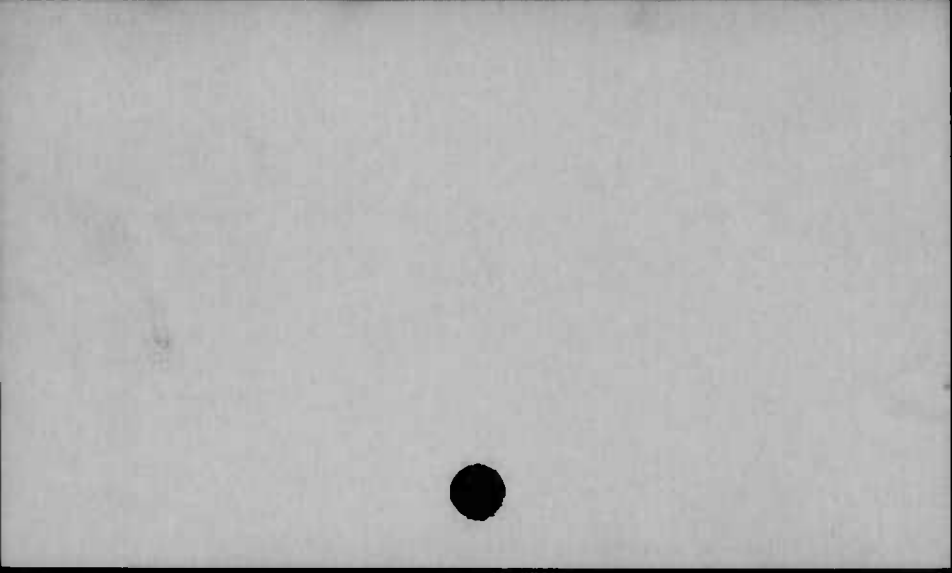
~~Female~~ ~~Single~~ ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living *2*
 of *Husband J. Comfort H. (Cockey) Morrison*
 Father's Name *Comfort H. (Cockey) Morrison* Mother's Name

Cause of Death { Primary *Complication of diseases* How long sick
 { Immediate Accident, Suicide, Homicide

Reported by *Bel Air Times 9-3*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George Meyer

Town

County

MARYLAND

Died at

Granatini

Baltimore

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

A

8-27

Age

70

Germany

Butcher

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 3

Husband

of

Wife

Father's

Name

Mother's

Name

81

Cause of

Primary

Disease of the stomach

How long sick

Death

Immediate

(Operation)

Accident, Suicide, Homicide

Reported by

Balto. Co. Train (Person) Sept. 3

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

STANDARD

STANDARD

STANDARD

STANDARD

STANDARD

STANDARD

STANDARD

STANDARD

STANDARD



Maggie A. Hale

Died at Calderville Town Baltimore County MARYLAND

Date 1898 Aug 23 Month Day Y. M. D. Age 29 Native of Maryland Occupation Housewife

Male White Married Widow Single Widow Number of children living 2

Female Colored Single Widow Widow Number of children living 2

Husband of Eliu Hale
Wife
Father's Name
Mother's Name

Cause of Death { Primary Malaria
Immediate Exhaustion 116
How long sick 5 weeks
Accident, Suicide, Homicide

Reported by Wm. Wade
Address Calderville, Md. N. 100 ft. S. 100 ft. E. of same

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Rebecca A. Rees

Town

County

Died at

Upper Falls

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

A

8-21

Age

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

~~Husband~~

of

Wife

Father's

Name

Isaac Cooper Rees
D. King

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Bel Air Times Aug. 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Mary Louisa Reineke

Town

County

Died at

Ruxton

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

8

20

Age

42

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

~~Husband~~

of

Wife

Father's

Name

John Reineke

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

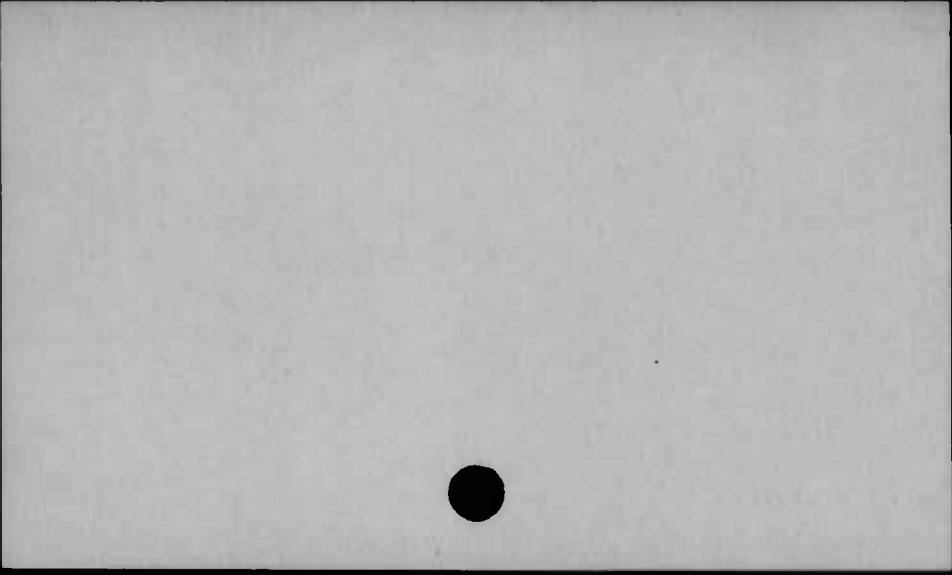
Reported by

Maryland
Baltimore Journal (Evening Sun) Aug. 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this

Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Ward

attended any person in a last illness, is responsible for the presentation of this Certificate. The Undertaker or other person superintending the burial, within *twenty-four hours* after the death, sooner, if requested so to do, under penalty of law.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Aug 16th 1898*
Full Name of Deceased, { Write legibly with ink and spell correctly. If an infant not named, give names of parents. } *Ferdinand Rirman*
Sex, ~~Male or Female~~, { Cross out the word not required in this line. }
Age, *57* Years, *6* Months, Days.
Color, *Sl. hsk*

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or county, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *all life*

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Leysden Park Cem*

Date of Burial, *Aug 18th 1898*

Undertaker, *H. H. J. Smith & Son*

Place of Business, *101 N. 1st St. Baltimore*

W. P. E. Myer M. D.
Medical Attendant.

Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Following Additional Information is Requested in Relation to the Ca

Enumerated Below:

ERISM—Mode of Death.
 ER. SPINAL MENINGITIS—Variety, whether
 Epidemic or simply Inflammatory.
 CHILDBIRTH—Circumstances producing Death.
 CANCER—Variety and Seat.
 CALCULUS—Mode of Death.
 DENTITION—Mode of Death.
 DISEASE OF HEART—Variety. Valves involved.
 DROPSY—Variety and Cause.
 ENTERITIS AND GASTRO ENTERITIS—Cause.
 Whether Diarrhoeal or not.
 ERYSIPELAS—Seat and Cause.
 FRACTURES—Cause and Mode of Death.
 GANGRENE—Seat and Cause.
 GASTRITIS—Cause.
 HERNIA—Variety and Mode of Death.
 INSANITY—Variety and Mode of Death.
 JAUNDICE—Cause and Mode of Death.
 MANIA, ACUTE—Cause and Mode of Death.
 MISCARRIAGE—Cause and Mode of Death.
 MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.
 METRITIS—Variety and Cause.
 NECROSIS—Seat. Cause and
 OVARIAN TUMOR—Mode of
 PARALYSIS—Variety and Cause.
 PERITONITIS—Cause.
 PHLEBITIS—Cause.
 PYÆMIA—Cause. Nature of
 PREMATURE BIRTH—Cause. Foetal age.
 PRETERNATURAL BIRTH—Manner of.
 SYPHILIS—Variety. Chief Location and Mode
 of Death.
 TETANUS—Nature of Injury, if any.
 ULCER—Nature, Chief Location and Mode of
 Death.
 WOUNDS—Cause, Variety, Seat and Mode of
 Death.
 ABSCESS—Cause, Location and Mode of Death.
 Specify every Surgical Operation with fatal result.
 Mention INTEMPERANCE whenever recognized as
 having produced or complicated the direct
 cause of Death.

JAMES F. McSHANE, M. D.,

Commissioner of Health and Registrar.

REMARKS.

Name in Full

Certificate of Death

William H. Shenbrook,

Town

County

MARYLAND

Died at

Calonsville

Baltimore

Date 189

8

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 25

Age 70

Md

Merchant.

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Kate Shenbrook,

Father's

Name

Mother's

Name

Cause of

Primary

Perile Dementia

How long sick

1 week.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

W. S. Wade 46

Address

Calonsville, Md. Hosp for Insane

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

Died at

Date 189

8

~~Male~~

Female

Town

Arlington

Month

Day

8

26

Y.

M.

D.

Age

81

Married

~~Widow~~~~Widower~~

Native of

County

Baltimore

Occupation

MARYLAND

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Md. Journal

972

Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

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Died at

John Sloan
 Town *Groans town*

County

Baltimore

MARYLAND

Date 189

8

Month

Day

24

Age

Y.

M.

D.

Native of

Ireland

Occupation

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

57

Cause of

Primary

Heart disease

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Maryland
Millard Journal (Baltimore) Aug 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

John Lyon
Granstown

County

Baltimore

MARYLAND

Date 189

8

Month

Day

8 - 26

Age

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Baltimore, Co. Dem. Aug. 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

George Smith

Town

County

Baltimore

MARYLAND

Died at

Baltimore

Date 189

P

Month

Day

P

27

Y.

M.

D.

Native of

Occupation

Age

48

Sweden

American Lumber

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Suicide by hanging

14 2 d

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

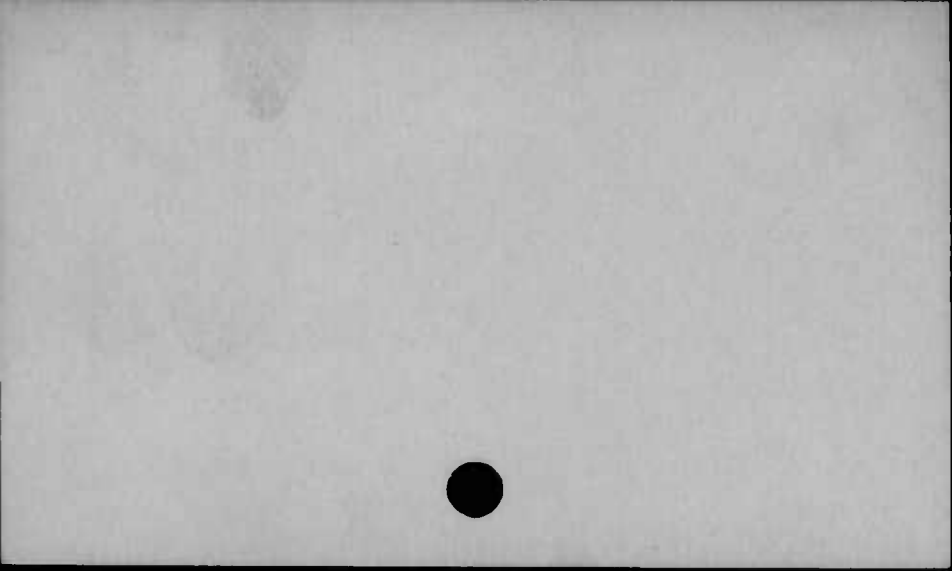
Reported by

Maryland
Midland Journal (P. Gowson)
Aug. 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Health Department, City of Baltimore,

Permit No. **A** Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **8-1-98**

Full name of Deceased, { Write legibly with ink and spell correctly. If an infant not named give names of parents. } **Hannah Smith**

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, **82** Years, Months, Days.

Color, **White**

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Occupation, **Domestic**

Birthplace, { State or County, and how long in the United States, if of foreign birth. } **Germany**

Duration of Residence in the City of Baltimore, **17 years**

Place of Death, { Give Street and Number. } **B.V. Asylum**

Cause of Death, { First (Primary), Second (Immediate), } **Senility**

Duration of Last Sickness, **Inanition**

All the above information should be furnished by the Physician.

Place of Burial, **Johns Hopkins Burying Ground**

Date of Burial, **Aug 3/1898**

Undertaker, **St. Stephen's**

Place of Business, **Health Office** Address, **B.V. Asylum**

Dr. Cohen M.D., Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Enumerated Below.

ANEURISM—Mode of Death.
CER. SPINAL MENINGITIS—Variety, whether
Epidemic or simply Inflammatory.
CHILDBIRTH—Circumstances producing Death.
CANCER—Variety and Seat.
CALCULUS—Mode of Death.
DENTITION—Mode of Death.
DISEASE OF HEART—Variety. Valves involved.
DROPSY—Variety and Cause.
ENTERITIS AND GASTRO-ENTERITIS—Cause,
whether Diarrhœal or not.
ERYSIPELAS—Seat and Cause.
FRACTURES—Cause and Mode of Death.
GANGRENE—Seat and Cause.
GASTRITIS—Cause.
HERNIA—Variety and Mode of Death.
INSANITY—Variety and Mode of Death.
JAUNDICE—Cause and Mode of Death.
MANIA, ACUTE—Cause and Mode of Death.
MISCARRIAGE—Cause and Mode of Death.
MALIGNANT PUSTULE—Location and Cause.
MALFORMATION—Variety.

METRITIS—Variety and Cause.
NECROSIS—Seat. Cause and Mode of Death.
OVARIAN TUMOR—Mode of Death.
PARALYSIS—Variety and Cause.
PERITONITIS—Cause.
PHLEBITIS—Cause.
PYAEMIA—Cause. Nature of Injury, if any.
PREMATURE BIRTH—Cause. Foetal age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety. Chief Location and Mode
of Death.
TETANUS—Nature of Injury, if any.
ULCER—Nature. Chief Location and Mode of
Death.
WOUNDS—Cause, Variety, Seat and Mode of
Death.
ABSCESS—Cause, Location and Mode of Death.
Specify every Surgical Operation with fatal
result.
Mention INTemperance whenever recognized
as having produced or complicated the
direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

A

f

26

Age

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower~~Number of children living~~Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cancer

25

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Balt. Co. Dem. (Gowen) Aug. 27

Address



Stewart

Died at *Ashland* Town *Baltimore* County MARYLAND

Date 189*8* Month *8* Day *28* Age *4* Y. M. D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name *William Stewart* Mother's Name

Cause of { Primary *Diphtheria* 65 How long sick

Death { Immediate *Heart Failure* Accident, Suicide, Homicide

Reported by *Bald. Co. Dem. (Towson)* *Aug 27*

Address



Name in Full

Certificate of Death

Eliza Jane Stevens

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y

M.

D.

Native of

Occupation

8

Aug.

Hk.

Age

58

Baltimore City.

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

ColoredSingle~~Widower~~

Number of children living

None

~~Husband~~~~Wife~~ ~~and~~

Augustus A. Stevens

Father's

Mother's

Name

John Whitmarsh

Name

Mary Whitmarsh

Cause of

Primary

P. Tuberculosis 22a

How long sick

one year

Death

Immediate

Asthma

~~Accident, Suicide, Homicide~~

Reported by

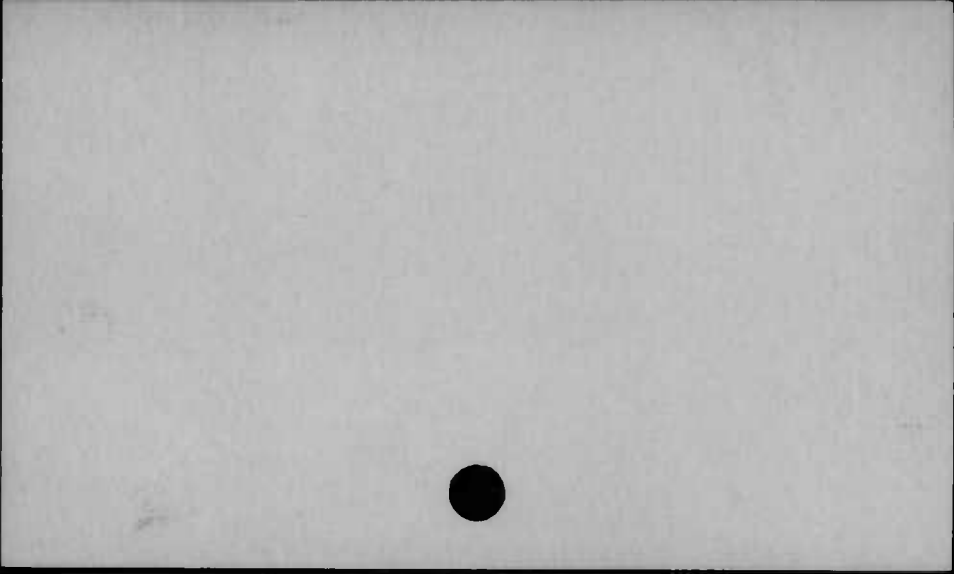
William J. Ford, M.D.

Address

222 Washington St. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Ida Townsend

Died at ^{Town} Dickeryville ^{County} Balto MARYLAND

Date 189 ⁸ Aug 29th Y. M. D. Age 11 Native of America Occupation _____

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Unmarried~~ Single ~~Widower~~ ~~Number of children living~~

Husband of
Wife

Father's Name Chas Townsend Mother's Name _____

Cause of Death { Primary Meningitis. 87 How long sick 17 days

Death { Immediate Pneumonia. Accident, Suicide, Homicide

Reported by George F. Erickson, M.D.

Address Dickeryville Balto Co Md.



Health

Permit No. A

The Physician who attended and
filled out to the undertaker or other person
deceased, or sooner, if requested to do so, on

No PERMIT FOR BURIAL

& CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Aug 4/98*

Full name of Deceased, { Write legibly with ink and spell correctly. If an infant not named give names of parents. } *Maryetta Wagner*

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, *4* Years, *4* Months, Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or County, and how long in the United States, if of foreign birth. } *Washington Road Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } *Washington Road*

Cause of Death, { First (Primary), Second (Immediate), } *Cholera Infantum*

Duration of Last Sickness, *10 hours*

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *August 6*

{ Undertaker, *J. J. Gorden*, *B. Hall* M.D.,
Place of Business, *London Park*, Address, *not known*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause,
whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode
of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of
Death.

WOUNDS—Cause, Variety, Seat and Mode of
Death.

ABSCCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal
result.

Mention INTEMPERANCE whenever recognized
as having produced or complicated the
direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Catherine A. Hard

Town

County

Died at

Granstown

Baltimore

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of,

Occupation

A 26

Age

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 4

~~Husband~~ of

Wife

Bernard Hard

Father's

Mother's

Name

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Balt. Co. Democrat (Lorson) Aug. 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 66966



No. **A**

Publicly Invited to the Remarks below, and to List of Diseases on back of this

Department, City of Baltimore,

No. **A**

Office of Registrar of Vital Statistics.

Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Monday Aug. 15th, 1898.*

Full name of Deceased, *Roland Warner*
{ Write legibly with ink and spell correctly. If an infant not named give names of parents. }

Sex, *Male*
{ Cross out the words not required in this line. }

Age, *Five* Years, *Ten* Months, *ten* Days.

Color, *Colored*

~~Married~~, *Single*, ~~Widow or Widower~~, { Cross out the words not required in this line. } *Single*

Occupation,

Birthplace, { State or County, and how long in the United States, if of foreign birth. } *Cross Keys Baltimore Co.*

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } *Cross Keys*

(1) Cause of Death, { First (Primary), Second (Immediate), } *Indigestion*
Cholera Infantum

Duration of Last Sickness, *Seven days*

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

W. Grantfoot M.D.,
 Medical Attendant.

Address, *657 Mosher Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Following Additional Information is Requested

Enumerated Below.

ISMURISM—Mode of Death.

SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Leander Williams

Died at Catonsville Balto.

MARYLAND

Date 189 ^a ^{Month} Aug. ^{Day} 3 ^{Age} 4 ^{Y.} ^{M.} ^{D.} ^{Native of} Md ^{Occupation} —

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Robert Williams

Mother's

Name

Laura Williams

Cause of

Primary

Scrophula

How long sick

5 years

Death

Immediate

General Asthenia

Accident, Suicide, Homicide

Reported by

D 24 Street 148

Address

Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

